U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Dav J Clark 1. Name, file number, and address of labor organization. Name Dav J Clark 1. Labor Organization File Number 007/2016 P.O. Box, Bidg., Room No., if any Street 3/8 Heavy 57 City Revealed 1/2 State Delivers 3/7 State Delivers 3/7 Enter appropriate data bolow If, during the past flecal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively eacking to represent. 5. Name and address of Employer (including trade name, if any). 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. 7. B. Amount. 7. B. Amount. 7. B. Amount. 8. Signature 15. Signature and verification. The undersigned decibres, under penilty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Sinchicoge and belief, true, correct, and complete (See the section on penaltes in the instructions).	1. File Number U - 8625 TN, 7:01	2. Fiscal Year Covered From:
Name	Tilia	1/1/2004 Through: 12/3//2004
Labor Organization File Number & P7.14(4) P.O. Box, Bidg., Room No., if any Street 5/8 // Long 57 City Edwardsv. 11- State DLLine's 2 ZIP Code +4 & DDL State 5 LL State 5 L	3. Name and address of person filing.	Name, file number, and address of labor organization.
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Street 5/8 // St		Labor Organization File Number 007-246
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Signed Carlo On 8-7-05 618-656-4825	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
Date Telephone Number	Signed Clark	Marie Commence of the Commence

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.